

# DESIGNING ROLE-PLAY MODELS FOR TELEPHONE INTERPRETING TRAINING<sup>1</sup>

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## Abstract

Telephone Interpreting (TI) is a variety of remote interpreting which is increasingly present in public services of many countries such as Spain. Although it is usually carried out in *liaison* or bilateral interpreting, TI requires trainees to develop a number of specific skills due to its specificities (Rosenberg 2007).

As one of the most used methodological tools in bilateral interpreting, role-plays have also become a key instrument in TI training. This paper aims at identifying the main elements that a role-play (either scripted or improvised) should include to help developing TI specific skills.

## Resumen

La interpretación telefónica (IT) es una variedad de interpretación remota cuya presencia no hace sino aumentar en los servicios públicos de numerosos países, entre ellos España. Si bien se lleva a cabo normalmente en modalidad bilateral o consecutiva dialógica, el ejercicio de la IT requiere la adquisición por parte del estudiante de una serie de destrezas específicas derivadas de sus características distintivas (Rosenberg 2007).

El *role-play* o ejercicio de simulación, una de las herramientas metodológicas más utilizadas en la formación en interpretación de enlace, constituye un instrumento clave en la didáctica de la IT. El presente trabajo tiene como objetivo identificar los diferentes elementos que debe incorporar el ejercicio de simulacro en sus diferentes

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1. This article is the English version of “Propuestas de ejercicios de simulación para la didáctica de la interpretación telefónica” by María Magdalena Fernández Pérez. It was not published on the print version of MonTI for reasons of space. The online version of MonTI does not suffer from these limitations, and this is our way of promoting plurilingualism.

variedades (guionizado o improvisado) para contribuir al desarrollo de las destrezas del intérprete telefónico.

**Keywords:** Public service interpreting. Telephone interpreting. Specific skills. Translating and coordinating. Role-play.

**Palabras clave:** Interpretación para los servicios públicos. Interpretación telefónica. Destrezas específicas. Traducción y coordinación. Ejercicio de simulación.

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## 1. Telephone Interpreting: specific features

Telephone Interpreting (TI) is a type of remote interpreting carried out over the phone. In Nataly Kelly's words (2007), "Telephone Interpreting is provided when an interpreter, who is usually based in a remote location, provides interpretation via telephone for two individuals who do not speak the same language".

TI is most commonly performed in dialogue interpreting or liaison interpreting, although the use of simultaneous over the phone is quite usual in countries such as the United States, namely in legal settings (NAJIT 2009). Therefore, similarities between TI and on-site interpreting are abundant when they are carried out in this mode. However, the use of the telephone as the communication channel turns TI into a type of interpretation with distinctive features (Rosenberg 2007: 75). In particular, there is the lack of visual information; *overexpanded* access to interpreters in a brief period of time by a great number of users of different origins, cultures, professional settings or dialects; and the technical equipment, which determines the type of call and the strategies adopted by the interpreter to effectively coordinate the encounter.<sup>2</sup> Based on these specificities, a set of skills needs to be acquired to become a professional telephone interpreter. These skills have been identified (Fernández Pérez 2012) and classified according to dialogue interpreters' double role, as described by Wadensjö (1998:105), of translating and coordinating. The coordination role requires the acquisition of skills such as managing the beginning of the encounter, as well as its ending; organizing turn-taking and correctly interrupting the speakers. On the other hand, telephone interpreters' specific skills in their translation role consist mainly of adapting note-taking to the use of the telephone as the instrument of communication. Additionally,

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2. Rosenberg (2007: 72-73) classifies TI communicative situations in three categories: three-way telephone conversations, in which every one of the participants is in a different location; telephone passing conversations, in which only the interpreter is in a different location from the rest of the interlocutors and they pass the telephone receiver to one another; and speakerphone conversations, in which the interpreter is in a remote location and communicates via telephone with the other parties.

two further skills have been identified which are related to both functions: the command of prosodic elements and the use of direct and indirect speech when reformulating utterances. This study is focused on the use of role-plays to develop coordinating skills, as well as the command of prosody, a scarcely researched ability in dialogue interpreting.

## 2. Role-plays as a telephone interpreter training tool

Role-plays are some of the most common methodological tools in dialogue interpreter training and, by extension, in public service interpreting (PSI), in which dialogic consecutive is the most usual mode of interpretation. Role-playing is a didactic activity aimed at placing the trainee in lifelike interpreter-mediated encounters. By doing this, role-plays allow students to internalize and apply all theoretical knowledge previously acquired in the practice, anticipate potential obstacles that may hinder their performance and develop the correct strategies to successfully overcome such obstacles. Fowler (2007: 256-257) emphasizes that role-plays are not only useful when students interpret, but also when they observe their classmates interpret, that is, they are an important tool for self-assessment and peer-assessment.

Students need a great deal of practice in observing their peers as they interpret if they are to learn from one another. In general, the more opportunities for observation of interpreted role-plays they have, the more they will learn. When students have had experience in debriefing their peers, their ability to assess themselves is greatly improved. (Fowler 2007: 256-257)

As role-playing requires the participation of several students (a minimum of three in the case of dialogue interpreter training), this means they can be considered, in Solís' words, as a "cooperative game in which all participants are actors and spectators in some moment of the process" and "each member constitutes a significant piece of the result that we want to achieve". The use of role-plays is based on the premise that by recreating an experience "the trainees' critical, analytical and reflective capacity improves, as well as their conflict-solving capacity" (Solís 2011). In this study, we will focus on role-plays for telephone interpreter training, created by trainers and performed and interpreted by students.

### 2.1. Role-play models for interpreter training

Role-plays can be designed to include a range of variations. They can be performed by reading a previously prepared script or improvising the speakers' interventions with the aid of a set of guidelines given to actors before the

exercise. Each of these role-play types allows the trainees to acquire different interpreting skills (Fernández Pérez 2011: 264).

One advantage of scripted role-plays is that they can give trainers a greater control over the exercise, since it can be designed with specific learning objectives in mind. However, their representation is sometimes less natural if they are read instead of oralized, making them less suitable for the acquisition of skills related to the coordination of real conversational interaction, such as managing interruptions and overlapping talk or the command of prosody. In Tebble's words, scripted role-plays...

[...] do not reflect the way people typically use spoken language with hesitations, false starts, inappropriate word choice; ungrammatical and incomplete utterances; rephrasing; auditor back channel responses; conversational repairs, and overlapping talk. (Tebble 2009: 205)

Even if the role-play text reflects spoken features such as those mentioned by the author, trainees participating in the exercise as actors often find it difficult to relay such features naturally. Scripted role-plays end up being read more than oralized. Moreover, as Tebble says, scripted role-plays do not always reflect certain conversational phenomena that can potentially jeopardize communication (interruptions, overlapping talk, etc.) or that, on the contrary, encourage communication (backchannels, gestures to ask to keep talking, nodding, etc.). Consequently, the interpreter's role as coordinator of interaction becomes artificially easier. Therefore, if role-plays are not appropriately planned and implemented, they run the risk of becoming mere language transfer exercises.

In the case of improvised role-plays, although they do not consist of reading a previously drafted script, such improvisation is hardly ever complete. Instead, it is guided to a larger or lesser extent by the trainer through a series of instructions, thus ensuring it achieves a specific learning objective. This type of exercises does allow trainers to reflect the verbal reality of dialogic encounters in a much more plausible manner. That is why Tebble encourages their use in public service interpreter training, as long as they always previously provide sufficient information about the encounter. This information "can potentially result in a higher quality of interpreting than if one concentrates only on trying to find equivalences in the other language". (Tebble 2009: 205)

Improvised role-plays are exercises whose execution relies largely on students-actors, hence their success will depend mainly on their ability to improvise and to represent the roles they have been allocated in a natural manner. Due to their spontaneous nature, improvised role-plays usually have

less conceptual density and shorter turns-at-talk. This is the reason why they are not ideal to develop skills such as the use of specific terminology or an effective note-taking technique (Fernández Pérez 2011: 165).

Taking into account the general features of both these types of role-plays, the conclusion could be that both of them contribute to the development of different interpreting skills which are necessary to work as a professional telephone interpreter (Fernández Pérez 2011: 164)

### 3. Models for designing role-plays

With regard to the design of role-plays to be used in regular interpreter training, but also in accreditation tests and continuous training programmes, Tebble (2009: 204) emphasizes the usefulness of Hymes' "SPEAKING" model (1974). This model defines the components of language interaction, which can be summarized as follows:

- Context and scene, that is, the encounter's physical dimension (the moment and place in which the discursive event takes place) and the psychological dimension (i.e. the interlocutors' state of mind)
- Participants (speaker/transmitter and listener/recipient-in dialogue interpreting each participant plays both roles)
- Results or objectives pursued
- Content or topic
- Register
- Norms (the way in which participants interact; i.e. if interrupting is allowed or socially acceptable)
- Tone used by participants or prosodic features of the discursive event
- Channel of communication
- Genre or type of discourse

This model is very useful for designing role-plays to be used in telephone interpreter training, since it systematically establishes the elements of a real communicative event. As the main aim of role-play is to reproduce situations that are as similar as possible to telephone interpreting professional reality, it would be advisable for trainers to include these elements in role-plays performed in the classroom, and use them as a guide when designing role-plays. They can be present explicitly or implicitly. In scripted role-plays, a possibility would be to indicate some of these elements at the beginning of the exercise as an introduction before the beginning of the participants' interventions. They can also be integrated in such interventions as *stage directions*

between parentheses or square brackets (i.e. to indicate the participants' state of mind). This information is addressed to the students-actors, so they can give the text an appropriate intonation. In improvised exercises, however, the more information given previously to actors, the easier it will be for them to develop their roles, although the higher the risk of losing the spontaneous nature of everyday talk.

Another useful model for designing role-plays is the translation-oriented text analysis model proposed by Nord (1991), in which she makes a distinction between extratextual and intratextual factors present in original texts. Nord's list of extratextual factors allows the trainer to determine what information should be previously provided to students-actors, so they can play their roles. Thus, it can be easily decided who the author or sender and the addressee or recipient of the utterances will be; the intention of such utterances; the medium or channel through which communication takes place; the space and time when the encounter occurs; the motive for communication and its textual function. On the other hand, intratextual factors would be: theme, content, presuppositions (that is, interlocutors' assumptions derived from their cultural background), textual composition, non-verbal elements, lexicon, syntactic structure of phrases and suprasegmental features present in texts. When designing improvised role-plays for dialogue interpreter training, some of these factors are related to elements that appear during the role-play representation, that is, while the actors are creating the communicative situation. Trainers cannot include them in guidelines previously provided to student-actors because they arise spontaneously as a result of improvisation. This is the case, for example, of the phrases' syntactic structure, and of non-verbal or suprasegmental elements. However, others can be provided by the trainer before doing the role-play, such as the encounter's theme, the terminology (even if partially) and even assumptions.

#### 4. The acquisition of telephone interpreting skills through role-plays

The design of telephone interpreting role-plays should be done with TI specific skills in mind, as mentioned in section 1. This study will focus on coordination skills and the command of prosody.

##### *4.1. Managing the beginning of the encounter and pre-session*

This skill consists of the interpreter obtaining information about several extratextual factors related to the communicative situation: the location where it happens, the reason why it happens, as well as information about

the participants (how many of them there are, their culture of origin, gender, age...). This is called the *human briefing* in TI. Simultaneously, the interpreter should get information about the kind of telephone device being used during the call (hands-free, double receiver or earphones, and whether they are calling on a land line or a mobile phone) in order to instruct participants about how to distribute turns-at-talk and to anticipate potential technical difficulties. This is the so-called *technical briefing* and corresponds to the extratextual factor 'medium/channel' in Nord's model (1991:57). The difficulty of obtaining these data lies on the functioning of the TI service. In countries such as Spain, telephone interpreters work for an agency that provides TI for several entities belonging to a diverse range of settings (hospitals, police forces, social services, to name but a few). Every time a call is received, the TI provider connects the interpreter directly to the person demanding the service. Usually, the interpreter is unaware of where the call is coming from until she or he answers the telephone, therefore the first difficulty is to contextualize the encounter to obtain both types of briefing in an expedient manner, preferably during the first turns-at-talk, so the call is not unnecessarily prolonged. Some TI agencies highlight that it is not advisable for the interpreter to ask direct questions to gather this information because it is likely that users do not know how TI functions or how to answer in a precise manner, thus slowing down the beginning of the call. In order to obtain both human and technical briefing, interpreters are encouraged to use a set of contextualization mechanisms derived from textual elements at the beginning of the encounter. To develop this skill during training, it is important that instructors include such elements in the role-play, so the student learns to identify them and uses them to situate the call in a specific context.

As for the pre-session, it is the moment when the interpreter presents her or his role to both parties and explains the triadic communication's dynamic. This protocol, which Tebble (1998: 27; 2003: 84) calls *contract* and Gentile et al. (1996: 44) *briefing*, is usually applied in dialogue interpreting, and it helps the interpreter "to explain the dimensions of the interview to all parties and establishes the grounds upon which it is based" (Gentile et al. 1996: 44). The main obstacle to do the pre-session in TI is usually that the parties do not give the interpreter any space to introduce him or herself and his or her role, sometimes due to lack of information about the interpreter's function and sometimes because they are impatient or in a hurry. In such cases, it is especially useful to potentiate active listening and the command of prosodic elements, so the interpreter can benefit from any micro pause to intervene (Kelly 2008: 148,153). Additionally, it is essential to know TI protocols and



use common sense to judiciously adapt pre-session to the time available (i.e. in a medical emergency, a simple “I am your interpreter” will suffice) (Kelly 2008:149).

The following excerpt of a scripted role-play is intended to train this skill<sup>3</sup>:

Doctor [*He speaks fast, giving no time for the interpreter to do the pre-session*]: ¿Hola? ¿Hola, eres la intérprete? Mira, te llamo de aquí de la consulta, tengo aquí a esta paciente que no habla español, ¿tú le puedes traducir? Está la consulta llena de gente y no tengo mucho tiempo. Le dices que el niño está bien, que está bien, que se esté tranquila. Lo que pasa es que a ella se le ha diagnosticado diabetes gestacional, pero que es algo común, que lo normal es que desaparezca tras el embarazo. Bueno, te la paso y se lo dices.<sup>4</sup>

In this case, underlined phrases represent contextualization elements, which are particularly relevant for the interpreter, facilitating key information about the communicative event: the call comes from a medical consultation (a hospital or a local surgery); the patient is a woman, and she is pregnant. Moreover, the expression “Te la paso” (I pass her over to you) provides the interpreter with the technical briefing, that is, information about the telephone device being used. In this case, communication is carried out through a telephone with a single receiver, which will likely hinder turn-taking management but will ensure a better sound quality under normal circumstances.

In this excerpt, the doctor does not make any pause that could be used by the interpreter to explain her or his role and the triadic encounter’s dynamics. Consequently, the student-interpreter will have to decide whether to interrupt him or her or keep listening to the doctor in order to obtain the briefing and try to introduce her or himself later, even if only briefly. As can be observed,

3. The fragments used in this study as examples have been developed by the author and taken from simulation exercises used in the *Experto en Traducción e Interpretación para los Servicios Comunitarios: Mediadores Lingüísticos*, a postgraduate qualification in Public Service Interpreting at the University of La Laguna, Spain. The complete exercises can be consulted in appendices I and II of this study.

4. Doctor [*He speaks fast, giving no time for the interpreter to do the pre-session*]: Hello? Hello, are you the interpreter? Look, I am calling you from the consultation, I have this patient here, she cannot speak Spanish, can you translate for her? The consultation is full of people and I don’t have much time. Tell her that the child is OK, he is OK, so there is no need to worry. What happens is that she has been diagnosed with gestational diabetes, but that is something very common, it will probably go away after the pregnancy. Ok, I pass her over to you and you tell her all this. [Translation]

the indication between square brackets or parenthesis describes the doctor's behavior and guides the student-actor as to how to play her or his role with the right intonation and speed rate.

On the other hand, in an unscripted role-play, this would be explained in a series of indications addressed only to actors, so they can play their role correctly. According to Hymes' model (1974), it would be necessary to inform who the transmitters are, the objectives in mind (informing the patient about the state of his or her health), their psychological state, as well as prosodic features of the intervention, such as tone and rate of speech. This way, it can be anticipated that the student-interpreter will have to decide if it is appropriate to interrupt the doctor in order to manage communication even if he or she has said to be in a hurry):

At the beginning of the call, the doctor is clearly impatient and therefore, she or he speaks fast, with barely any pauses. She or he does not give the interpreter time to introduce herself or himself and directly says what is to be conveyed to the patient.

#### 4.2. *Managing the end of the encounter*

This skill involves telephone interpreters' ability to verify if any of the interlocutors wishes to intervene or add something before the communicative encounter is finished. This protocol is particularly relevant in TI, since once the phone is hung up, it is very difficult to restart conversation with the same interpreter. It often occurs that one of the participants (usually the public service provider) leaves before the interpreter has finished her or his intervention, giving the foreign user no chance to reply or comment anything. Both scripted and improvised role-plays can be used to develop this skill.

##### (1) Scripted role-play:

Enfermera: De acuerdo. Pues ya sabe, tiene que controlar el nivel de azúcar con el aparatito lo que le queda de embarazo. [*Al intérprete*] [...] Tú se lo traduces que me tengo que ir. Gracias, ¿eh? Hasta luego.<sup>5</sup>

5. Nurse: OK then, you need to control your blood sugar level with this device during all the pregnancy. [*To the interpreter*] [...] I have to leave, please translate that to her. Thanks, bye. [*Translation*]

## (2) Improvised role-play:

[...] at the end of the call, the nurse suddenly leaves without confirming that the patient has correctly understood what has been said (how to use the glucometer).

In both examples, the student-interpreter feels the need to intervene and ask the nurse not to leave before confirming that the patient has understood the information. Both scripted or improvised role-plays are aimed at preparing the trainee to face these sorts of situations, teaching him or her how to react promptly and even anticipate the problem by identifying prosodic elements such as intonation or speech rate that may indicate the sudden ending of an utterance.

### 4.3. *Managing turns-at-talk*

When acting as coordinator of interaction, public service interpreters are responsible for managing turn-taking, an essential feature of dialogic communication. This coordination role may be executed implicitly or explicitly (Wadensjö 1998: 109). The former takes place when the interpreter just translates each turn-at-talk fluently and the latter, when she or he intervenes with her or his own voice and encourages the other participants to talk or to stop talking. Turn-taking management aims at ensuring the rotation of interventions by distributing turns and reestablishing the rotation every time it is broken by conversational phenomena such as overlapping talk or the participants' interruptions when the other person is speaking, among others.

In TI, confusion caused by the absence of a common frame of reference means that users depend on the interpreter to know when to speak, namely in three-way conversations, where participants are in different locations. This makes turn-taking management even more complicated. Telephone interpreters' main tool to manage the alternation of interventions is prosody, as Couper-Kuhlen (2009:178) says, since it helps the interpreter to identify transition spaces between ideas (Schegloff 1996: 97) and use them to give the floor to another speaker, forcing turn rotation. This way dialogue can be redirected again after an overlap or a parallel conversation that had just started.

Improvised role-plays are more appropriate to acquire this skill. The trainer would need to use the previous guidelines to explain to the actors that they need to interrupt each other during the dialogue. However, although the result will probably be more natural than in a scripted role-play, nothing

ensures that the students-actors do as they are told (because of shyness, for example).

On the other hand, developing this skill through scripted role-plays would be very complicated. If the trainer decides to include overlapping interventions or interruptions in the text of the role-play, students-actors would need to read it before or even memorize it in order to play it naturally, so its use in the classroom would not be that flexible.

In any case, it would be advisable that one of the actors would be the trainer him or herself, at least during the first activities. This would contribute to “breaking the ice” and the students would not feel so timid or shy when playing their role. Showing real or simulated telephone interpreters-mediated encounters, which could be taken as a reference, can also be useful.

#### 4.4. Interrupting as the interpreter

There are occasions when public service interpreters have to interrupt the communication and address the interlocutors speaking with his or her own voice and not relaying somebody else’s words. In on-site interpreting, they can use body language, like a hand gesture or a gaze to do so. However, telephone interpreters can only use prosodic patterns or their voice’s command to interrupt. This fact, added to the difficulty of getting turn-taking alternation back on track, makes interpreters more reluctant to interrupt even when necessary or on occasions when it would have made their job easier.

The reasons why a telephone interpreter may interrupt interaction are the following (Fernández Pérez 2012: 81-95):

- Asking for clarifications, repetitions or confirmation of certain segments of information
- Managing textual density
- Managing turns-at-talk when the interpreter is interrupted before finishing his/her intervention or when there is overlapping in the conversation
- Correcting interpreting errors
- Solving technical problems

This skill is very difficult to acquire through role-plays, either scripted or improvised, since the need to interrupt often arises spontaneously when the student-interpreter is faced with certain obstacles. However, trainers can design role-plays reproducing situations in which trainees have no option but to interrupt in order to manage communication. Of the aforementioned

reasons to interrupt, the most difficult ones to trigger through role-plays are obviously interpreting mistakes; the rest of them will depend on the students' command of TI technique. Moreover, it is essential to set learning objectives for each exercise before they are performed. An example would be to include a long and quite dense excerpt when designing the role-play. This way, the trainee-interpreter will have to cut that segment into several parts so as not to omit any information and interpret accurately or to clarify any unknown term or concept. Textual density also facilitates the development of effective note-taking, since the student-interpreter will not be able to retain all the information by memory. Applying this strategy in improvised role-plays is much more complicated, because trainees acting as primary interlocutors usually find it hard to speak in long turns, especially when the exercise deals with a topic or concept they are not familiar with.

One reason to interrupt, which is exclusive to TI, is technology-related difficulties. This skill can be developed through both scripted and improvised role-plays. It would suffice with one the students-actors claiming not to hear the interpreter properly during the exercise. The interpreter will have to check the cause of the incidence after obtaining the technical briefing (i.e. lack of telephone coverage or too much background noise). If a scripted role-play is used, actors may need to improvise their answers, since the interpreter might ask them questions that were not in the role-play text in order to try and solve the problem. Trainers should specify indications about the cause of the incidence in the role-play, so the actors act consistently. It is important that role-plays include the use of different telephone devices (by really using them or pretending to do so).

#### 4.5. Command of prosodic elements

As mentioned, prosodic elements are very important during the active listening process and therefore, for an effective development of TI skills such as managing the beginning and the ending of the encounter, turn-taking and interrupting. Generally speaking, having a command of prosodic elements in dialogue communication significantly facilitates the role of the interpreter as the coordinator of interaction: prosody offers information about participants (sex, age, place of origin, socioeconomic status). It also allows the interpreter to anticipate the beginning or the end of an utterance or a change of topic, to name just a few possibilities (Fernández Pérez 2012: 117-128). Additionally, prosody has an influence on utterances' meanings, changing them or adding many nuances. Relaying prosody is an aspect often neglected by ad-hoc interpreters (Hale 2004), although it has proven to be of vital importance,

namely in situations where nuances acquire much relevance, such as police and court interpreting. The pragmatic content of an utterance may not be equivalent to its propositional content, especially when it is said with fear, nervousness, irony, sarcasm or anger. These emotions should be conveyed by the interpreter with the same prosodic elements as the original speaker, avoiding any judgments but with the aim of causing the same effect on the utterance's receiver. Some of the prosodic elements that should be present in a comprehensive training proposal for TI are intonation, rate of speech, pauses or pitch, among others. This skill is difficult to acquire and preferably requires improvised role-plays. Relaying these prosodic components through a scripted role-play implies that student-actors need to have a great command of their own voices and speak very naturally, which is not always possible and involves an additional effort for them. Therefore, it would be more appropriate to use improvised role-plays in which trainers include very specific guidelines to students about the interlocutors' personality or state of mind. In the case of practicing this skill with a scripted role-play, it would be a good idea to indicate the psychological component between parenthesis or square brackets at the beginning of each intervention.

Patient [*surprised and scared*] Diabetes?? How's that possible?? I don't drink, I don't smoke... Diabetes!!! I can't believe it! Is my baby OK? Please tell me the baby is OK!

## 5. Concluding remarks

Role-plays are a commonly used methodological tool in public service interpreter training. Their distinct variations (scripted or improvised) allow trainers to design the activity according to the specific learning objectives to be pursued in class. In principle, it could be stated that improvised role-plays are better suited to developing TI specific skills, which are mainly related to the interpreter's role as coordinator of the interaction. This type of role-play relays real conversations more faithfully, in which communication is often broken by overlapping talk, interruptions, etc. However, using scripts written by trainers is also useful to acquire certain skills, so it would be advisable to use both types of exercises. Above all, it should be noted that when training telephone interpreters, slightly modifying role-plays originally created for on-site interpreting training is not sufficient. TI role-plays need to be designed according to TI specific features, which go beyond the lack of visual information. Moreover, when performing role-plays, TI trainers need to bear in mind all potential difficulties, even the students' reluctance at first to play

their role in a realistic manner, that is, to *act*, although experience shows that, after the initial shyness, they end up doing this naturally and fluently.

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## Appendix I

### Scripted role-play

Mode: Telephone interpreting (consecutive mode)

Setting: Medical consultation

Users: A doctor, a nurse and a patient.

Reason for the call: an English-speaking woman is pregnant and has been diagnosed with gestational diabetes. She is concerned that the fetus has been affected. The doctor and the nurse wish to explain to the patient the measures to be taken so that no further complications arise from this condition. Both of them are in a hurry, so they will get impatient if the interpreter does not convey the message in a swift manner and they will try to interrupt him/her.

Doctor [*He speaks fast, giving no time for the interpreter to do the pre-session*]:  
 ¿Hola? ¿Hola, eres la intérprete? Mira, te llamo de aquí de la consulta, tengo aquí a esta paciente que no habla español, ¿tú le puedes traducir? Está la consulta llena de gente y no tengo mucho tiempo. Le dices que el niño está bien, que está bien, que se esté tranquila. Lo que pasa es que a ella se le ha



diagnosticado diabetes gestacional, pero que es algo común, que lo normal es que desaparezca tras el embarazo. Bueno, te la paso y se lo dices.

Patient [*surprised and scared*]: Diabetes?? How's that possible?? I don't drink, I don't smoke... Diabetes!!! I can't believe it! Is my baby OK? Please tell me the baby is OK!

Doctor: Que sí, que sí. [*To the interpreter*] ¿Pero no le has explicado lo que le acabo de decir, que no es nada grave? [*Trying to comfort her*] Simplemente hemos visto que sus niveles de glucosa en sangre son demasiado altos. A ver, que en realidad es algo bastante común en embarazadas de más de 35 años, como es su caso, así que tampoco hay que asustarse sino simplemente cuidarse un poquito. ¿Vale?

Patient: So the baby is not in danger, then?

Doctor: No, mientras haga lo que le vamos a explicar no va a haber problema. Le cuento: tiene que hacer ejercicio moderado, caminar unos 30 minutos al día y hacer una tabla de ejercicios que le estoy enseñando [*To the interpreter*]. Viene con dibujos así que no hace falta que se lo traduzcas. Y también la vamos a mandar al nutricionista para que le haga una dieta. ¿Lo está entendiendo?

Patient: That's OK, no problem about that. I used to do a lot of exercise before getting pregnant, anyway, so I'm in good shape.

Doctor: Perfecto. Y ya por último (y esto es lo más incómodo, pero también lo más importante), tendrá que controlar el nivel de azúcar en la sangre ella misma con este aparatito, que es un glucómetro. [*To the interpreter*] Ya te paso a la enfermera y ella te explica cómo usarlo. Venga, hasta luego.

Nurse: [*To the interpreter*] Hola, ¿estás ahí? Sí, mira, le voy a explicar a la señora cómo usar el glucómetro. A ver cómo hacemos porque si tú no lo puedes ver... [*To the patient*] Bueno, es muy fácil. ¿Ve esta agujita? Con esto se pincha la punta del dedo y se saca una gota de sangre. Bueno, antes de pincharse el dedo tiene que lavarse bien las manos o limpiar el dedo con alcohol. Si usa alcohol tiene que dejarlo secar antes de sacar la sangre. Vale, entonces, después de pincharse coloca la muestra de sangre en esta tira y luego la inserta en el aparatito así como le estoy enseñando.

Patient: Excuse me, but, do I really have to do this? I am a bit squeamish about blood, you know, just the thought of it makes me feel sick. I will do the

exercises and follow a healthy diet, no sweets or anything. But no glucometer, please, I can't stand the sight of blood, even if it's my own! And I hate needles!

Nurse: Vaya, no me diga. Bueno, yo le diría que tiene que acostumbrarse, es sólo una gotita de sangre de nada. Si no pídale a alguien que se lo haga, su marido o quien sea, porque además va a tener que repetir esto varias veces al día.

Patient: [*Sighing*] Ok, if there's no choice... I'll see if I can manage. Thank you.

Nurse: De acuerdo. Pues ya sabe, tiene que controlar el nivel de azúcar con el aparatito lo que le queda de embarazo. [*To the interpreter*] Le estoy dando una tabla con las medidas para que sepa cuándo el azúcar está bien y cuando está demasiado alto y también con las horas a las que tiene que usar el glucómetro. Tú se lo traduces que me tengo que ir. Gracias, ¿eh? Hasta luego.

## Appendix II

### Improvised role-play

Mode: Telephone interpreting (consecutive).

Users: A doctor, a nurse and an English-speaking patient.

Both the doctor and the nurse are in a hurry, so they will lose their patience if the interpreter does not convey the message in a swift manner. They will speak fast, although they will try to be understanding with the patient. At the beginning of the call, the doctor is clearly impatient and therefore, she or he speaks fast, with barely any pauses. She or he does not give the interpreter time to introduce herself or himself and directly says what is to be conveyed to the patient. Additionally, at the end of the call, the nurse suddenly leaves without confirming that the patient has correctly understood what has been said (how to use the glucometer).

The patient is concerned.

Context: an English-speaking woman is pregnant and goes to the doctor to get the results of a test. The doctor tells her that she has gestational diabetes, a common condition in pregnant women.

The woman fears that her condition may have caused some damage to the fetus and therefore she feels nervous. The doctor explains that the baby is not necessarily affected by the condition, but she should follow a series of precautionary measures: doing a daily work-out, walking half an hour a day,

and following a diet given by the nutritionist. Moreover, she should measure her level of glucose in her blood with the aid of a glucometer.

The nurse will explain how it works: first, the patient must wash her hands or disinfect them with alcohol. In this latter case, she needs to leave them drying before extracting the blood. Then, she needs to poke her finger with the glucometer's lance, place the sample in a strip and finally, inserting the strip into the device. The glucose level will be shown in a small screen.

This exercise can be performed immediately or given to the students in advance so they can prepare the topic (a gestational diabetes diagnosis). In this case, the previous text would not include the explanations of what gestational diabetes is, the instructions to the patient nor the instructions to use the glucometer. Instead, it would be useful to do an anticipation exercise with trainees before role-playing, in which the interpreter would be excluded so the TI situation would be more realistic (in a real situation, the telephone interpreter would not possibly know the reason for the call).

#### NOTA BIOGRÁFICA / BIONOTE

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